

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

09/489652

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/					
2		/				
3		/				
4		/				
6		/				
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48						
49						
60						
TOTAL INO.	4					
TOTAL DEP.		12				
TOTAL	4	12				

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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TOTAL INO.						
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BEST AVAILABLE COPY